

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

101020627

FILING DATE

APPLICANT(S)

11/3/05 8-15-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			2		2	
TOTAL DEP.			20		22	
TOTAL CLAIMS			22		24	

	IND.		DEP.		IND.		DEP.	
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